



City of Bloomington
Parks & Recreation

2004-2005
KID CITY/BREAK DAYS HEALTH FORM

General Information

Camper _____ Gender _____ Age _____ Birth date ____/____/____ Grade (upcoming year) _____

Legal Guardian _____
(Last, First)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Pager _____

☐ YES. This person is authorized to make changes to the information on this registration/health form.

Legal Guardian _____
(Last, First)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Pager _____

☐ YES. This person is authorized to make changes to the information on this registration/health form.

Medical Information

Family Physician _____ Office Phone _____ Emergency Phone _____

Does your child have:	Yes	No	Does your child have:	Yes	No
Allergies?			Any medications? (please list below)		
Infections or diseases?			Limited physical, social, cognitive and/or behavioral skills?		
Dietary modifications?					

If you answered yes to any of these questions, please explain.

Date of child's most recent tetnus booster shot: _____

*This health form is valid from June 1, 2004 through May 31, 2005. If there are any changes to this information, please contact the main office at (812) 349-3700.

Camper's Name:

(Last)

(First)

Reasonable Accommodations:

Does your child require an accommodation due to health, physical, social, cognitive and/or behavioral needs? (circle one) YES NO
(If yes, you will be privately contacted by the inclusive recreation coordinator for further information)

****We require at least two weeks notification for accommodation requests. In some cases, it may take longer.***

Emergency Contacts

Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.

1. Name_____ Home Phone_____ Work _____ Cell _____ Pager_____
2. Name_____ Home Phone_____ Work _____ Cell _____ Pager_____
3. Name_____ Home Phone_____ Work _____ Cell _____ Pager_____
4. Name_____ Home Phone_____ Work _____ Cell _____ Pager_____

Authorized Pick-up

Please list the people (including yourself, other legal guardians and emergency contacts which may have already been listed) who are authorized to pick up your camper. Anyone not on this list will not be allowed to pick up your camper.

Name_____	Name_____
Name_____	Name_____
Name_____	Name_____
Name_____	Name_____

Waiver Statement (Must be signed to participate)

I understand that this waiver is valid from June 1, 2004 through May 31, 2005.

I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos for advertising and publicity purposes.

I give permission for my child to attend all field trips as part of the Kid City day camp and Break Days programs.

I recognize that because of the potentially hazardous nature of this activity that an injury may be sustained. In the event of such an injury to my child, and I or my spouse cannot be contacted, I give permission to the attending physician to render such treatment. I now release the City of Bloomington, the Bloomington Parks & Recreation Department, its employees, agents, and assigns, for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds myself, my spouse, my heirs, executors, and administrators.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Legal Guardian_____ Date_____



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